

# City of Oak Ridge Kaufman County OSSF Checklist

Project Address: \_\_\_\_\_

Date Received: \_\_\_\_\_ Valuation: \_\_\_\_\_

**The items listed below are required for OSSF review.**

\_\_\_\_\_ OSSF Permit Application. Completely filled out

\_\_\_\_\_ OSSF Technical information Sheet" Completely filled out

\_\_\_\_\_ Site Evaluation (soil, topography, vegetation). Must include location of flood hazards, slope of property or disposal field and lot size with dimensions. Site evaluation must include the site evaluator's license number.

\_\_\_\_\_ Site Diagram - Original and to scale  
(Must include spray area, elevations, grading, trees, vegetation, ditches, drainage easements, creeks, floodplain area and clean-outs on site diagram)

\_\_\_\_\_ System Name and Design - systems of 5000 gallons or more  
MUST be submitted to the Texas Commission on Environmental Quality for review.

\_\_\_\_\_ Spray irrigation Design

\_\_\_\_\_ Pump/Alarm Diagram (gallons must be clearly marked)

\_\_\_\_\_ Affidavit Surface irrigation - (to be completed by owner of property) Must be notarized and filed with Kaufman County Records. After sale or transfer of property a Transfer of Ownership is to be submitted to the County with new owner(s) name.

\_\_\_\_\_ System installers Registration (Copy) and Certification

\_\_\_\_\_ Maintenance Agreement - to be submitted at time of application in order to construct the OSSF. An updated initial contract is also to be submitted to reflect date of sale by the builder for a new single-family dwelling or date of notice of approval for an existing single-family dwelling with new owner(s) name.

\_\_\_\_\_ Contractor Registration required for OSSF installer.

\_\_\_\_\_ Site Plan - to be submitted at time of application.

\_\_\_\_\_ Floor Plan - to be submitted at time of application.

# City of Oak Ridge

8450 North State Highway 34  
 Terrell, Texas 75161  
 Phone: (972) 551-0343

## Onsite Site Sewage Facility Permit Application

**Project Address:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Public Water Supply (if other than Mustang Water) or Private Well? \_\_\_\_\_

Water Saving Devices?  Yes  No Is property in Floodplain?  Yes  No

*If yes, WSD must be included on Technical Information Sheet*

**Owner Information:** \_\_\_\_\_

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

**Project Information**

**Type of Dwelling:**

Residential Number of Bedrooms \_\_\_\_\_ Living Area (square footage) \_\_\_\_\_

Commercial Number of Occupants \_\_\_\_\_ Number of Days Occupied \_\_\_\_\_

Number of Bathrooms and Showers \_\_\_\_\_

**Type of Construction:**  New  Existing/Minor Modification

Reason for modification: \_\_\_\_\_

Description of work: \_\_\_\_\_

*Modifications: Must submit any available original system designs and plans. Site diagram to include all existing structures, pools, sprinkler/disposal areas, slopes, landscaping, wells, and property lines. Aerobic modifications, must submit current maintenance contract and inspection.*

**Type of OSSF System:**  Aerobic  Conventional

Name of manufacturer: \_\_\_\_\_

Brand of system: \_\_\_\_\_

<b>Designer of system</b>	Contact Person	Phone Number	License Number
<b>Installer of system</b>	Contact Person	Phone Number	License Number
<b>Site Evaluator</b>	Contact Person	Phone Number	License Number

Authorization is hereby given to the City's Designated Representative to enter upon the above described property for the purpose of lot evaluation and inspection of the on-site sewage facility. A permit to operate the facility will be granted when Notice of Approval is received by the City.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Approved by:	Date approved:	
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**Total Fees:** \_\_\_\_\_

**Issued Date:** \_\_\_\_\_

**Issued By:** \_\_\_\_\_

BV Project # \_\_\_\_\_